

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-048158

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12489

FILED JAN 10 1963

## 1. PLACE OF DEATH

a. COUNTY - - -

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **St. Louis, Missouri**

Length of stay in 1b  
**9 days**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **Deaconess Hospital**

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Mo.** b. COUNTY - - -

c. CITY  
OR  
TOWN **St. Louis**

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS (If outside, give location)  
**1015a Art Hill Place**

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

**William**

Middle

**Henry**

Last

**Becker**

4. DATE  
OF  
DEATH

Month

**December**

Day

**25,**

Year

**1962**

5. SEX  
**M**

6. COLOR OR RACE  
**W**

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
**2-23-1902**

9. AGE (last birthday)  
**60**

IF UNDER 1 YEAR IF UNDER 24 HR.  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Paintsprayer**

10b. KIND OF BUSINESS OR INDUSTRY  
**General Motors Corp. Staunton, Ill.**

11. BIRTHPLACE (City and state or country)  
**U.S.A.**

12. CITIZEN OF WHAT COUNTRY  
**U.S.A.**

13a. FATHER'S NAME

**Charles F. Becker**

13b. MOTHER'S MAIDEN NAME

**Lena Furtkamp**

14. NAME OF HUSBAND OR WIFE

**May E. Becker**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of serv)  
**no**

16. SOCIAL SECURITY NO.  
**5**

17. INFORMANT

Address

**Mrs. May E. Becker 1015a Art Hill**

## 18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Carcinoma of the head of the pancrease with metastasis to the liver and lymph glands with obstruction of the common cystic duct,**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **Sept. 1 1962** to **Dec. 25, 1962** and last saw her him alive on **Dec. 25, 1962**  
Death occurred at **11:50 p.m.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

**D. E. Williamson M.D.**

22b. ADDRESS

**6336 Clayton Rd.**

22c. DATE SIGNED

**12-26-62**

23a. BURIAL, CREMATION, REMOVAL (Specify)

**Removal**

23b. DATE

**12-29-62**

23c. NAME OF CEMETERY OR CREMATORY

**Mitchell Cemetery**

23d. LOCATION (City, town, or county)

**Robertsville, Missouri**

(State)

24. FUNERAL DIRECTOR

ADDRESS

**HOFFMEISTER DOLONIAL MORTUARY**

**SAM**

25. DATE RECD. BY LOCAL REG.

**DEC 27 1962**

26. REGISTRAR'S SIGNATURE

**Carl Smith. M.D.**

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. Williamson  
6336 Clayton Rd.  
Ml. 5-5267

R. L. D.

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Bill C. Branson

Licensed Embalmer No. #76K

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.